

Appeal of Academic Disqualification or Probation

To: The Academic Petitions Committee

Date _____

Name _____

Student ID _____

Last First

Address _____

Telephone _____

Street

City State Zip

Major _____

Email: _____

I would like to appeal the following: (check one)

☐ Academic Disqualification after _____
(term/year)

On a separate sheet(s), please give the details and justification for your request. Your letter should (1) describe the impact of any medical conditions or other extenuating circumstances on your previous unsatisfactory academic performance and (2) describe how your circumstances have changed such that there is a reasonable expectation that you will be academically successful in the future.

Note: All letters must be typed and addressed to the APC. Handwritten letters and letters containing grammatical, syntactical, spelling and other errors will not be accepted.

Signature of Student: _____

Recommendation of Faculty/Advisor in which petitioner's major falls (**REQUIRED**)

Support Do Not Support Comments: _____

Faculty/Advisor Signature: _____ Date Signed: _____

Printed Faculty/Advisor name: _____

Academic Petitions Committee Action: Approved ☐ Denied ☐

Date: _____

Comments: _____